

Policy & Procedure (P&P)

Policy Title :

Maximum surgical Blood order schedule

Department	Index No.	Scope
Laboratory & Blood Bank	LAB-122	All Physicians & Blood Bank Staff
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20/01/1435	1	23/07/1440
Review Due Date	Related Standard NO.	Page Number#
23/07/1442	CBAHI (PC .25)	7

01. Policy :

- 01.1. The shelf life decreases each time a unite is held or cross matched for a patient who does not use it. When physicians order blood more than needed, it is unavailable for other patients, which may increase the outdate rate. Providing testing guidelines, such as type and screen(T/S) policies and Maximum surgical Blood order schedule (MSBOS), as well as monitoring cross-match to transfusion (C: T) ratio may be helpful. With MSBOS, physicians may order the number of unites believed to be appropriate for the patient since the MSBOS is intended to be a guideline for appropriate patient care. A C: T Ratio greater than 2 usually indicates excessive cross match requests. A T/S order is recommended SBO for procedures that require on average less than 0.5 unit of blood per patient per procedure.

02. Definition :

- 02.1. **C: T Ratio:** Cross matched to transfusion ratio.
02.2. **T/S:** Type (ABO Rh blood grouping) and screen (antibody screen).
02.3. **MSBOS:** Maximum surgical Blood order schedule.
02.4. **SBO:** Standard blood order

03. Purpose :

- 03.1. To improve transfusion service blood ordering practice and to decrease blood outdating.

04. Procedure :

- 04.1. The ward in need of blood or blood products, must request it by special requisition form which should be completely filled. Five to ten ml of clotted blood sample is collected in plain tube (red top) must accompany each requisition with another EDTA tube blood.
- 04.2. The request must be sent to the Blood Bank at least one day before the operation accompanied with the stamped donation paper with the sign standby (T/S) for operation at day --- at ----am or pm.
- 04.3. Then the Blood Bank technician will do (T/S) to the patient to be sure that the patient's blood group is available & also the patient is normal (i.e. has no clinically significant antibodies other than ABO, Rh system) so that he can do cross matched if blood is needed without delay (see policy of administration of blood during emergency LAB-083).
- 04.4. If the patients case deteriorate the ward must inform the blood bank by phone to prepare the blood or blood product urgently and it will be held in the cross matched area for the patient for further 48 hours .
- 04.5. The cross matched blood when not asked by the respective doctor within 48 hours of cross match, request would be cancel considering that the blood is not required to the patient.
- 04.6. Whenever the physician is sure that his patient is not in need to his cross-matched blood unit it is a must to inform blood bank as early as possible to cancel this blood unit and put it in the blood inventory to be available for other patients.

Maximum surgical Blood order schedule

I General surgery:	
1-Breast biopsy.	<u>T/S</u>
2-Colon.	<u>2</u>
3-Laparotomy exploration.	<u>T/S</u>
4-Gastrectomy.	<u>2</u>
5-Mastectomy ,radical.	<u>T/S</u>
6-Pancreatectomy.	<u>4</u>
7-Splenectomy.	<u>2</u>
8-Thyroidectomy	<u>2</u>

10-Hasab operation.	4
11-Hepatobiliary.	2
II-Vascular:	
1-Aortic bypass graft.	4
2-Endarterectomy.	T/S
3-Femoral-popliteal bypass graft.	2
III-OB-GYN:	
1-Abdominal perineal repair or D&C.	T/S
2-Emergency or elective C/S.	2
3-Antipartum or postpartum hemorrhage.	4
4-Missed abortion.	2
5-Rupture uterus.	4
6-Placenta previa.	T/S
7-Myomectomy.	2
8-Simple abdominal or laparoscopic.	2
9-Radical hysterectomy.	4
10-Ectopic pregnancy.	2
11-Cystectomy.	2
IV-Urology:	
1-Trans urethral U.B resection.	1
2-Radical nephrectomy.	3
3-Radical perineal prostatectomy.	2
4-Renal transplant.	2
5-Radical cystectomy.	3
V-ENT:	
1-Laryngectomy.	2

1-Laryngectomy.	2
VI-Thoracic surgery:	
1-Lung biopsy.	<u>T/S</u>
2-Lobectomy or bilobectomy.	2
3-Thoracotomy.	2
4- Thoracotomy with decortication.	4
5-Pneumectomy.	4
6-Rigid Thoracoscopy.	<u>T/S</u>
7-Oesophagectomy.	4
8-Pericardiectomy.	2
9-Mediastinoscopy.	<u>T/S</u>
VII-Cardiac surgery:	
1-Aneurism resection.	6
2-Coronary bypass(Redo).	4
3- Coronary bypass(Primary).	2
VIII-Plastic surgery:	
1-Hemangioma.	2
2-Cleft palate.	<u>T/S</u>
3-Pharyngioplasty.	<u>T/S</u>
4-Rhinoplasty and septoplasty.	1
5-Abdominoplasty.	2
6-Mamoplasty.	2
7-Lipo suction.	1-2
8-Bed sores.	1-2



وزارة الصحة

Ministry of Health

مستشفى القنفذة العام

9-Burn.	1-4
10-Head and neck.	1-2
IX-Neurosurgery:	
1-Craniectomy (Extra or subdural hematoma).	2
2- Craniectomy (tumor excision).	2
3-Lumber discectomy.	1
4-Cervical discectomy.	1
5-Spinal tumor excision.	2
X-Orthopedic surgery:	
1-Arthroscopy, laminectomy or Knee replacements.	T/S
2-Cervical spine fusion and fixation.	2
3-Thoraco lumbar spine fusion and fixation.	2-4
4-Shoulder, Homarus or elbow surgery.	2
5-Total Hip replacement.	3-6
6-Austin more.	1
7-DHS.	2-4
8-Femur shaft (plate or nail).	2-4
9-Tibia (plate or nail).	2
10-Debridment.	2
11-Peodiatric CDH or femur plating.	1
XI-Dental surgery:	
1-Reduction, fixation, biopsy, or Cyst.	T/S
2-Coronidectomy.	1
3-Condylectomy.	2

4-Osteotomy.	2
5-Genioplasty.	1
6-Tumor resection with reconstruction.	4

05. Responsibilities :

05.1. All physicians, Blood Bank Technicians, Blood Bank Specialist.

06. Equipment & Forms

06.1. Blood & Blood Product request

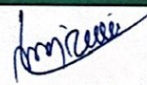
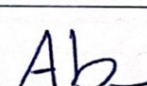
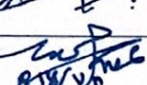
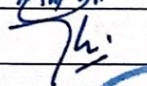
07. Attachment :

07.1. N/A

08. Reference

08.1. Technical Manual of the American Association of Blood Banks (AABB)

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